U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 220/9

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Kieffer

Ε

Name $_{\text{Tim}}$

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Electrical Workers AFL-CIO

Labor Organization File Number 001-665

P.O. Box, Building and Room Number, if any

Street 1231 Andrews St NW		Street 2333 Nave Rd SE	
City Hartville		City Massillon	
State Ohio	ZIP Code + 4 44632	State Ohio	ZIP Code + 4 44646
5. Position in labor organization. Exec	rutive Board		
Enter appropriate data below if, duri		spouse or minor child directly or indire xclusions set forth in the instructions):	ctly had any of the following interests
A. Held an interest in, engaged in tra monetary value from an employer w	nsactions (including loans) with whose employees your organi	or derived income or other economication represents or is actively see	nic benefit of eking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.	
Name Canton Electrical JATC		-Lost wages to attend	d committee meetings \$ 785.23
Trade Name, if any:		-Reimbursed expenses	NTI committee training \$836.24
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street 2333 Nave Rd SE			
City Massillon		\$1,621	
State Ohio	ZIP Code + 4 44646		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street	c. Employer			
City				
State ZIF Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
· · · · · ·				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any: '.				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Ccde + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			